

KENTUCKY BOARD OF VETERINARY EXAMINERS
P.O. Box 1360
Frankfort, Kentucky 40602

Certified Euthanasia Specialist Annual Renewal Form

SSN#:

LIC#:

KRS 321.207 and 201 KAR 16:015 Section 6 require each certified euthanasia specialist to renew his or her certification by March 1 of each year. Your current certification will expire March 1, 2007. Failure to renew certification shall constitute sufficient cause for termination. Certification not renewed by May 1, 2007 (completed renewal form and renewal fee received postmarked prior to May 1, includes 60 day grace period) will terminate. You are hereby advised that, should you not renew your certification in a timely manner, you must CEASE AND DESIST practice as a euthanasia specialist in Kentucky.

FOLLOW THESE INSTRUCTIONS AND FILL IN ALL BLANKS:

- ☐ Complete this form by filling in the information requested below and on the backside. Incomplete forms will be returned.
- ☐ Attach appropriate renewal fee: Forms received without the correct fee will be returned.
All checks must be made payable to the Kentucky State Treasurer.
 - ✓ Renewals mailed on or before March 1; (must be postmarked on or before March 1 –no exceptions) - \$50.00
 - ✓ **Renewals mailed March 2 through May 1; (must be postmarked on or before May 1 –no exceptions) - \$60.00**
- ☐ Return this form and fee to the address listed above on or before March 1. Any form, which is returned due to incomplete or incorrect information, will be subject to late penalties if not returned by the deadlines stated above.

TO BE COMPLETED BY ALL CERTIFIED EUTHANASIA SPECIALISTS (Please Print):

Name: _____ License Number: _____

Address: _____
Street or Box Number City State Zip

Name of Animal Control Agency: _____

Social Security #: _____ Home Phone Number: _____

Office Phone Number: _____

Have you been charged with, convicted of or pled guilty to a felony since the issuance of your Kentucky certification?

- ☐ Yes (Attach documentation)
- ☐ No

(The Reverse Side of This Form Must be Completed)

Please mark the appropriate box:

- ☐ Currently on Active Status. (Renewal fee required)
- ☐ Requesting Termination. (Renewal fee not required)

I hereby swear or affirm under the penalties of perjury, that the statements made in this application are true and complete. *Signature required for processing. Forms not signed will be returned and subject to late penalties if not returned by the deadlines stated.*

Signature:

Date:

**THIS RENEWAL FORM IS THE ONLY NOTICE YOU WILL RECEIVE
CONCERNING RENEWAL**

AUDIT REVIEW - FOR BOARD MEMBER USE ONLY

Application Approved by: _____

Date: _____

Application Denied by: _____

Date: _____

Resubmitted for review -- Approved: [☐] **Denied:** [☐] **By:** _____ **Date:** _____

Comments: _____
